

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>10/29/09</u>		2 Serial/Patent # <u>6,049,910</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/>	Filing			\$	
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input type="checkbox"/>	Petition			\$	
<input type="checkbox"/>	Issue			\$	
<input checked="" type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input checked="" type="checkbox"/>	Maintenance <u>2552</u>	<u># 11</u>	<u>6/6/08</u>	\$ 1180	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
		7 TOTAL AMOUNT OF REFUND	\$ 1180		
8 TO BE REFUNDED BY:					
<input checked="" type="checkbox"/>	Treasury Check <u>TO</u>				
<input type="checkbox"/>	Credit Deposit A/C #:				
<input checked="" type="checkbox"/>	9 <u> -- </u>				
10 REASON:					
<input type="checkbox"/>	Overpayment				
<input checked="" type="checkbox"/>	Duplicate Payment				
<input checked="" type="checkbox"/>	No Fee Due (Explanation):				
Petition dismissed, no request for reconsideration filed.					
Andre McCarter 5333 Balbo Blvd., Apt #127 Encino, CA 91316					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Monica A. Graves</u>			TITLE: <u>Paralegal Specialist</u>		
SIGNATURE: <u>/Monica A. Graves/</u>			PHONE: <u>(571) 272-7253</u>		
OFFICE: <u>Office of Petitions</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****					
APPROVED: <u>CKL/K</u>			DATE: <u>11/2/09</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B